

Case Number:	CM15-0105118		
Date Assigned:	06/10/2015	Date of Injury:	03/25/2014
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female, who sustained an industrial injury on 03/25/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar disc disorder and shoulder joint derangement not otherwise specified. Treatment and diagnostic studies to date has included physical therapy, lumbar epidural steroid injection, medication regimen, and magnetic resonance imaging of the lumbar spine. In a progress note dated 03/26/2015 the treating physician reports complaints of constant, stabbing pain to the low back that is rated a 9 on a scale of 1 to 10 and constant, throbbing pain to the right shoulder that is rated an 8 on a scale of 1 to 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her current medication regimen and after use of her current medication regimen to indicate the effects with the use of her current medication regimen. Examination was revealing for tenderness with spasm to the lumbar paravertebral muscles, restricted range of motion to the lumbar spine, tenderness to the shoulder, positive impingement and Hawkins signs, painful but intact rotator cuff function, and symptomatic range of motion to the shoulder. The treating physician prescribed refills for the medications of Nalfon, Prevacid, Ondansetron ODT, Cyclobenzaprine Hydrochloride, Tramadol Hydrochloride ER, and Lunesta. The treating physician noted that the injured worker is benefiting from her medication regimen with it assisting with relieving the injured worker's symptoms allowing her to improve in her activities of daily living and allowing her to continue working. On 04/23/2015 the treating physician requested Lansoprazole (Prevacid) 30mg with a quantity of 120 to be taken one by

mouth every 12 hours as needed, with the physician noting that this medication is being used in conjunction with Nalfon as protection to the stomach and to prevent gastrointestinal complications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lansoprazole (Prevacid) s 30mg, #120 (1 by mouth every 12 hours as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Lansoprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Lansoprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or confirmed GI diagnosis to warrant this medication. The Lansoprazole (Prevacid) s 30mg, #120 (1 by mouth every 12 hours as needed) is not medically necessary and appropriate.